

2020 Central Illinois AHEC Health Professions Student Training Award

The Central Illinois Area Health Education Center (AHEC) will sponsor up to **10** \$500 Health Professions Student Training Awards in 2020. The Central Illinois AHEC's goal is to improve health care for rural and underserved populations by increasing access to health professions' education, promoting health careers to students, and enhancing collaborative, community-based health initiatives.

Applicants must:

- Be a student enrolled in a health profession program and attending college (or an accredited health profession program) in the State of Illinois in Fall 2020. A Health Profession is broadly defined, and includes for example, medicine, osteopathy, nursing, dentistry, dental hygiene, optometry, pharmacy, chiropractic, allied health, public health, psychology, social work, behavioral/mental health, physical and occupational therapy, and emergency medical services.
- Be a resident of one of these Central Illinois counties: Christian, DeWitt, Logan, Macon, Macoupin, Marshall, McLean, Menard, Montgomery, Morgan, Moultrie, Peoria, Piatt, Sangamon, Tazewell, and Woodford Counties.
- Have at least a 2.5 GPA.
- Submit all application materials by Thursday, April 30, 2020, 4:30 pm.
- **Submit completed materials (see next page) to:** Jack White, Illinois State University, Campus Box 4950, Normal, IL 61790-4950; Email <u>itwhite@ilstu.edu</u>
- **For questions, contact:** Sharon Mills, Director, Central Illinois AHEC, Illinois State University, Campus Box 4950, Normal, IL 61790; Phone 309-438-5326; Email smmills@ilstu.edu
- Recipients will be notified on or after Tuesday, June 30, 2020.
- The award can be used to pay for related educational expenses such as housing, travel, books, scrubs, conference or workshop fees, etc. The award cannot be used to pay for tuition, student fees, or personal expenses.
- Illinois State University students who receive this award will have the information added to their 1098-T. The money will be added to your student account statement and will pay off outstanding charges before being refunded to you.
- Non-Illinois State University students will receive their payment through the accounts payable
 process which includes providing a W-9 to the University. This will not be reported to you on a
 form by Illinois State University, so it is your responsibility to maintain a record of your payment.
- Part or all of your payment may be taxable. You should seek the advice and guidance of a tax advisor who is familiar with all the relevant facts. This statement is general in nature and is not intended as tax advice. Reference IRS Publication 970, Tax Benefits for Education, for more information on taxable scholarship payments.



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To apply, please submit the following documentation by **Thursday, April 30, 2020, 4:30 pm**:

- A completed application and consent for release of information (attached)
- A transcript (official or unofficial) verifying GPA and any completed coursework
- Letter of acceptance/proof of enrollment for the school you will be attending Fall 2020

A resume or typed **list of activities** that includes the following:

- any health career related job shadowing, mentoring, or clinical experiences in which you have participated;
- honors and/or awards and the year received;
- clubs and/or organizations you currently belong to; and
- volunteer activities and/or employment in the last two years.

A typed **personal statement** (1-3 pages, 12-pt font, single-spaced, 1-inch margins) identifying:

- your personal strengths and professional goals and how both will contribute to your chosen profession
- your intent to practice in a rural area or with an underserved population
- how you will use this award and why it is needed
- why you should be selected

Letters of recommendation: Seek letters from at least two references. References can submit letters on organizational letterhead directly to Jack White by the application deadline.

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Name:	
Cell Phone: College/Program Attending Fall 2020: Year in School/Program: Degrees Already Earned: Email Address: Date of anticipated degree Are you a U.S. citizen? Yes No* Gender: Female *Answering "no" does not disqualify a person from consideration for the award. If selected to information will be required. Race/Ethnicity (check all that apply): African American Asian (includes Asian and Pacific Islander) Caucasian Hispanic Native American (includes Alaskan Native and American Indian) Other CONSENT FOR RELEASE OF INFORMATION: I, , authorize release of any information that to the Area Health Education Center (AHEC) in evaluation of my Health Profess Award application. I waive any confidentiality with respect to such information concerned, since it is my understanding that the information will be used solely my application for Award and for no other purpose. I also consent to have any communication, beyond this application, but related to the award, published o and through other advertising (e.g., printed reports, Facebook). I also consent	e of Birth:
Year in School/Program:	nty:
Year in School/Program:	
Email Address:	
Are you a U.S. citizen? Yes No* Gender: Female *Answering "no" does not disqualify a person from consideration for the award. If selected to a information will be required. Race/Ethnicity (check all that apply): African American Asian (includes Asian and Pacific Islander) Caucasian Hispanic Native American (includes Alaskan Native and American Indian) Other CONSENT FOR RELEASE OF INFORMATION: I,, authorize release of any information that to the Area Health Education Center (AHEC) in evaluation of my Health Profess Award application. I waive any confidentiality with respect to such information concerned, since it is my understanding that the information will be used solely my application for Award and for no other purpose. I also consent to have any communication, beyond this application, but related to the award, published o and through other advertising (e.g., printed reports, Facebook). I also consent	
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Applicant signature: Date	e: